

2011 Military Health System Conference

Process Improvement Success Stories

Impacting Per Member Per Month (PMPM) Through Strong Clinical Management

The Quadruple Aim: Working Together, Achieving Success

Captain Mark Brouker, MSC, USN

26 January 2011



Naval Hospital Bremerton, Washington

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Naval Hospital Bremerton (NHB)



- 40 bed family medicine teaching hospital
- 36,000 enrollees
- 1300 staff members
- Madigan Army Medical Center (MAMC) 40 miles south
- Average day:
 - 1,200 medical outpatient visits
 - 9 surgery cases
 - 2 babies delivered
 - Average Daily Census: 17 patients

Impacting Per Member Per Month The Quadruple Aim



- Readiness
- Per Capita Cost
 - Emergency Room/Urgent Care usage
 - Specialty Care utilization
- Population Health
 - HEDIS metrics
- Experience of Care
 - Access to care
 - Staff/patient satisfaction
 - Provider continuity

Impacting Per Member Per Month Key Ingredients



- Good Staff Morale
- Focus on Quality/Process Improvement Versus Solely RVU Production
- Enroll to Capability and Capacity
- Strong Referral and Right of First Refusal Program
- Minimize Emergency Room/Urgent Care Usage
- Patient Satisfaction

Impacting Per Member Per Month Key Ingredients



- **Good Staff Morale**
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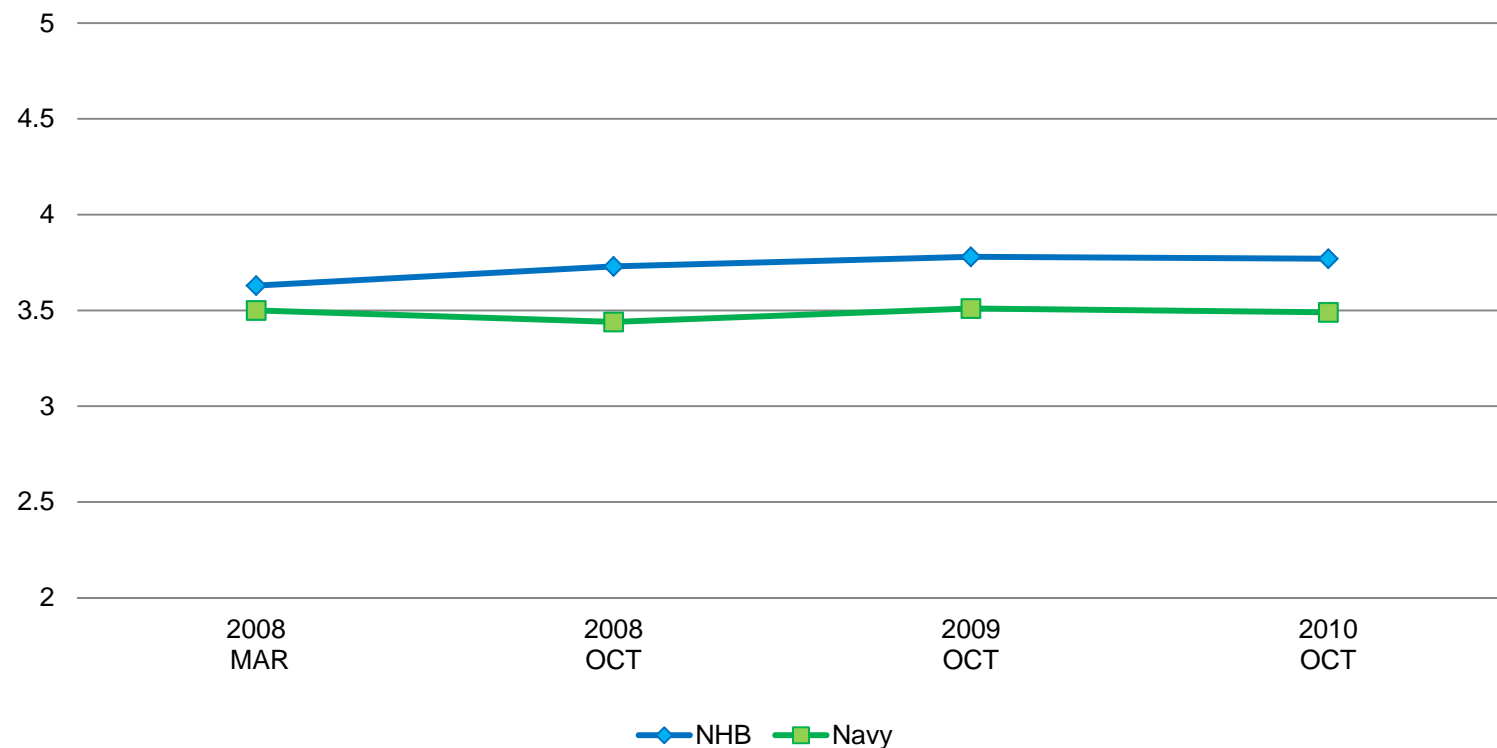
Impacting Per Member Per Month Staff Morale



Organizational Commitment

Mar 08 – Oct 10

(Source: Defense Equal Opportunity Climate Survey)



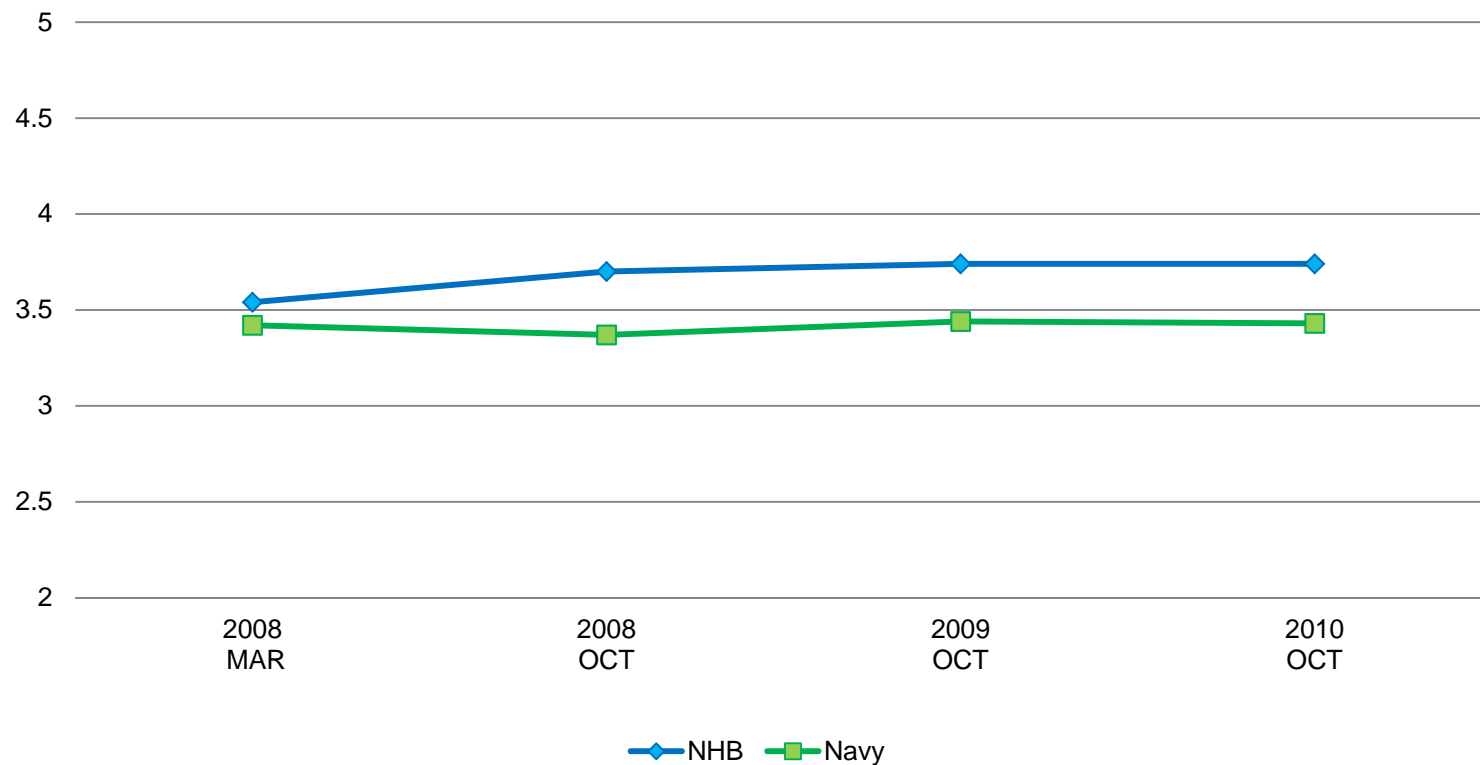
Impacting Per Member Per Month Staff Morale



Trust in Organization

Mar 08 – Oct 10

(Source: Defense Equal Opportunity Climate Survey)



Impacting Per Member Per Month Key Ingredients

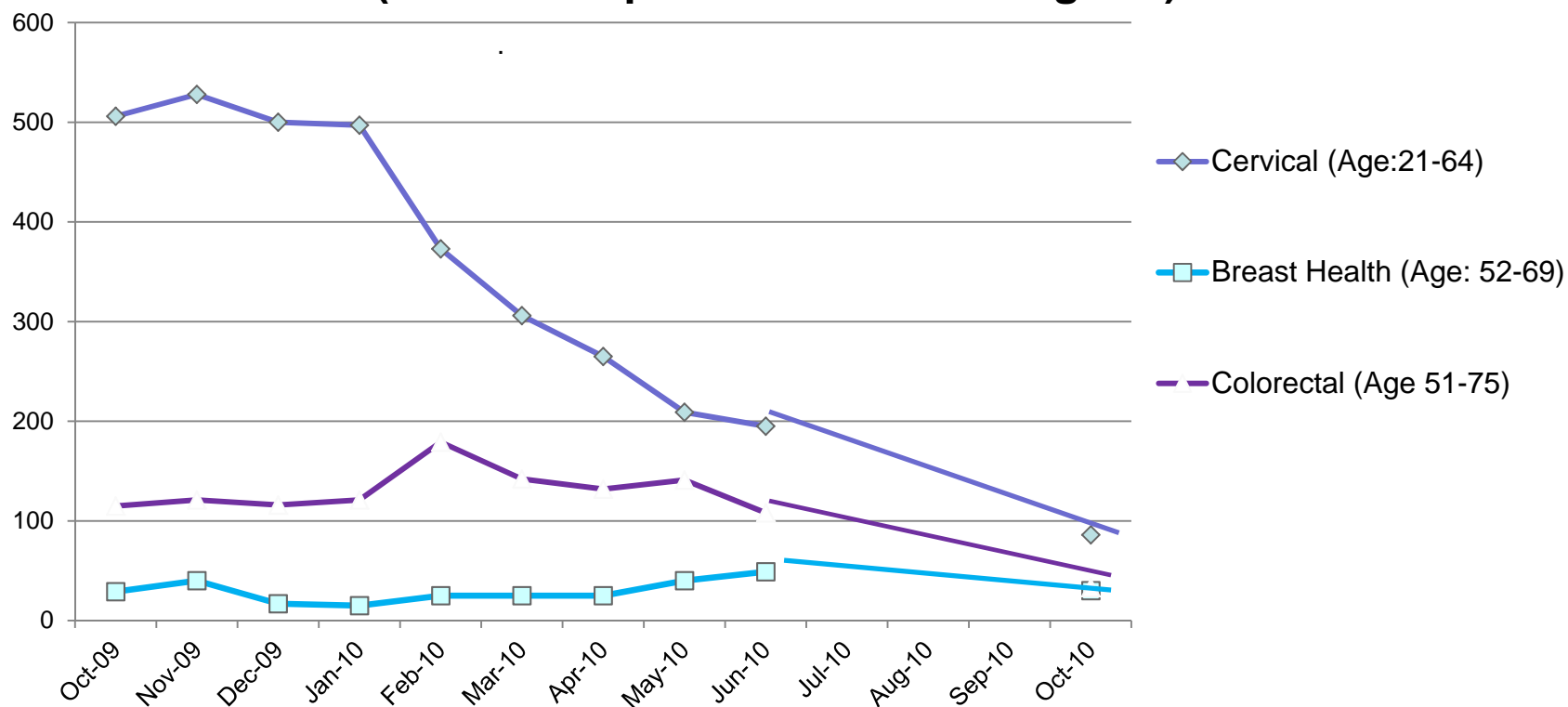


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Quality of Care: HEDIS Metrics (Cervical, Colorectal, Breast Health)



HEDIS Cancer Screening Numbers to Green, (HEDIS-90) NHB FY09 thru FY10 (Source: Population Health Navigator)



Impacting Per Member Per Month Key Ingredients



- Good Staff Morale
- Focus on Quality/Process Improvement Versus Solely RVU Production
- **Enroll to Capability and Capacity**
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Impacting Per Member Per Month Key Ingredients



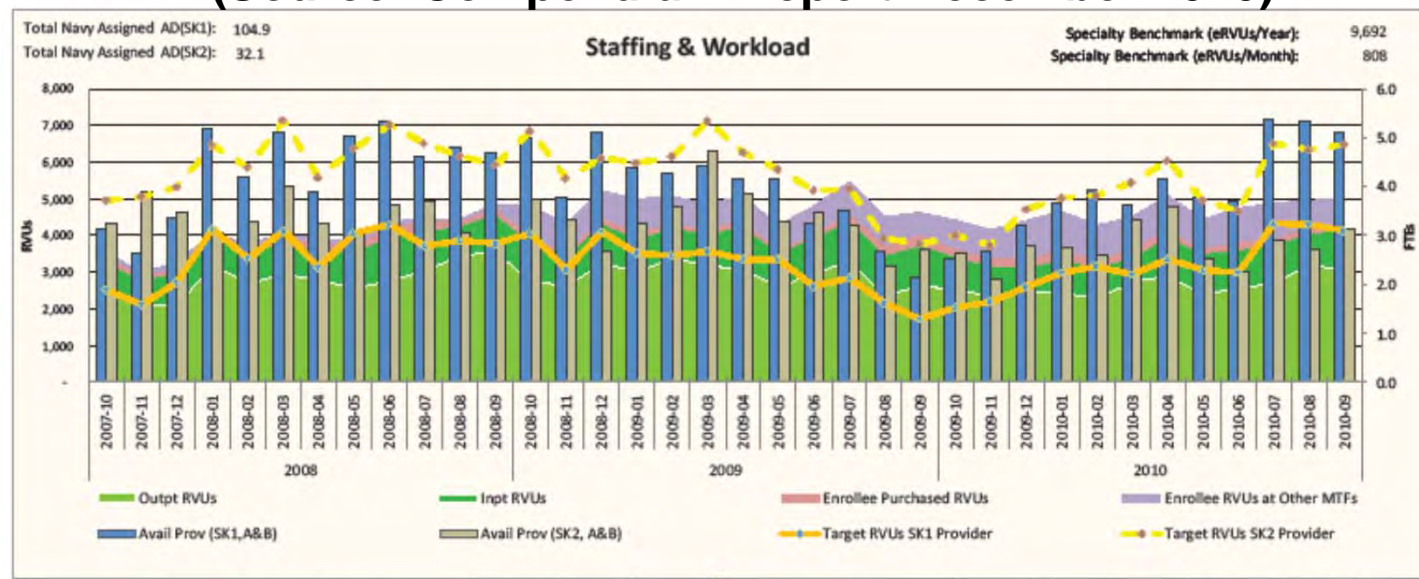
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Impacting Per Member Per Month Maximizing Use of Direct Care System



OB/GYN Usage NHB Multi-Service Market Direct Care versus Network Care FY08 thru FY10

(Source: Compendium Report December 2010)



Impacting Per Member Per Month Key Ingredients



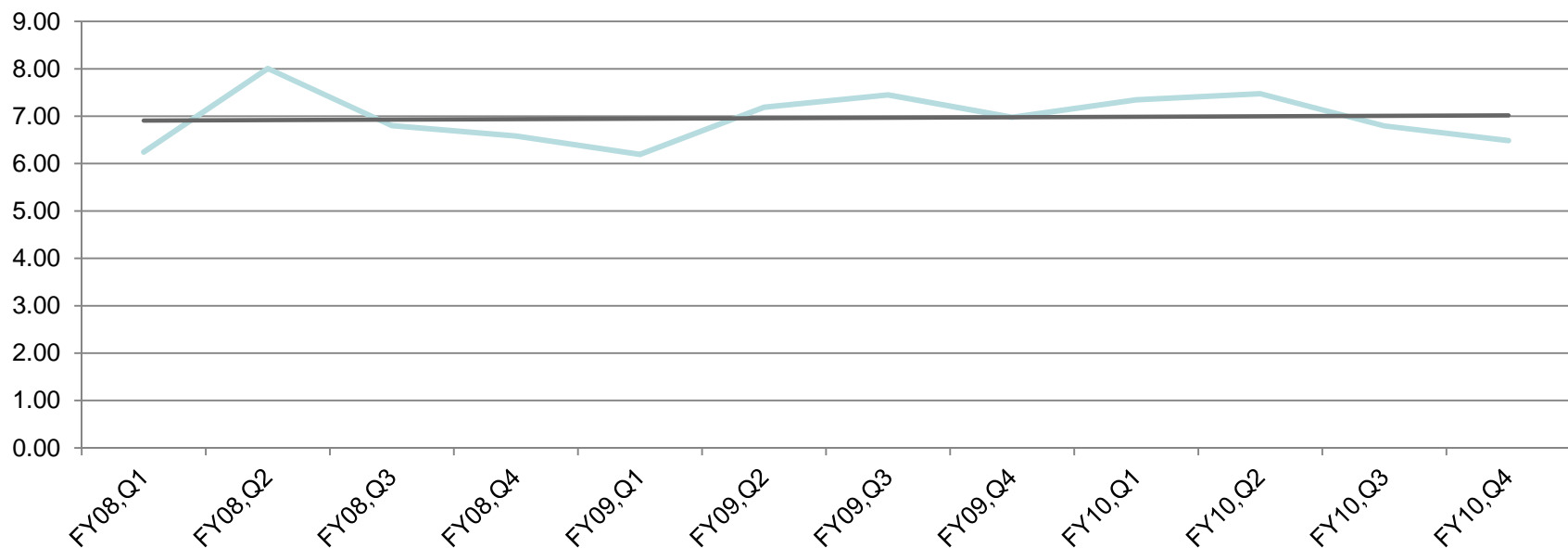
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- Patient Satisfaction

Emergency Room and Urgent care Usage



Monthly Average of ER Visits (NHB+Civilian) and Civilian Urgent Care Visits

FY08 thru FY10
(per 100 Enrollees)
(Source: M2 Data)



Impacting Per Member Per Month Key Ingredients



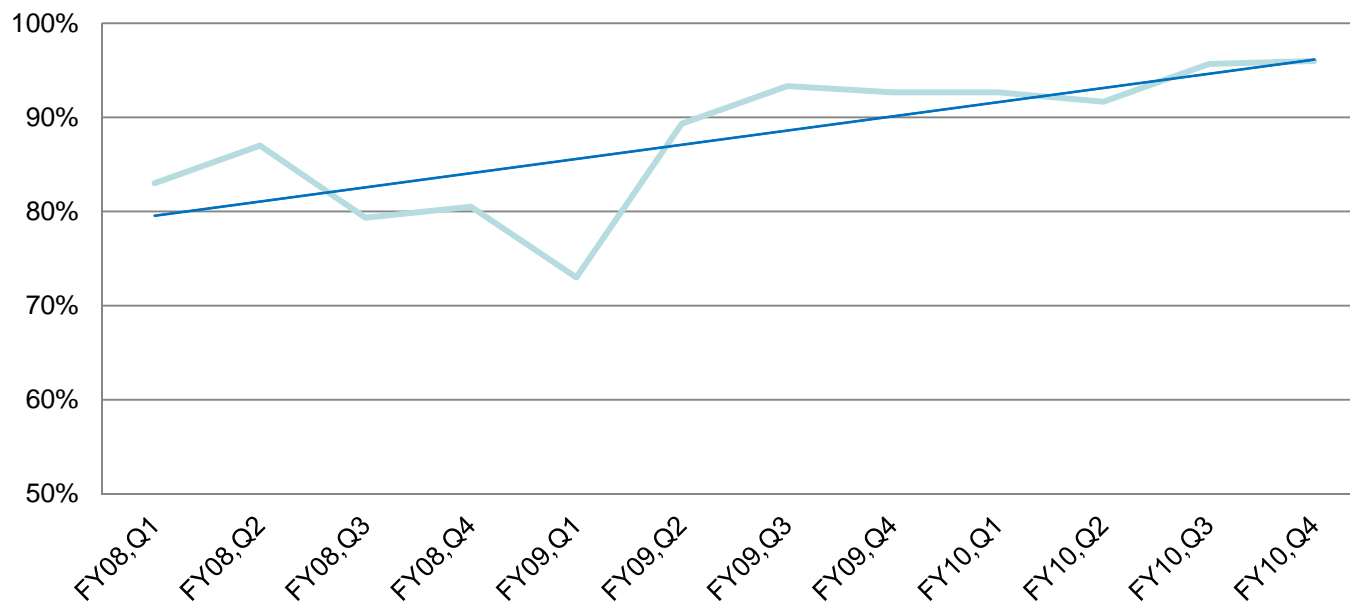
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- Enroll to Capability and Capacity
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- Patient Satisfaction
 - Access/provider continuity

Impacting Per Member Per Month Patient Satisfaction



% Satisfied with Care Provided at Primary and Specialty Care Clinics NHB FY08 thru FY10

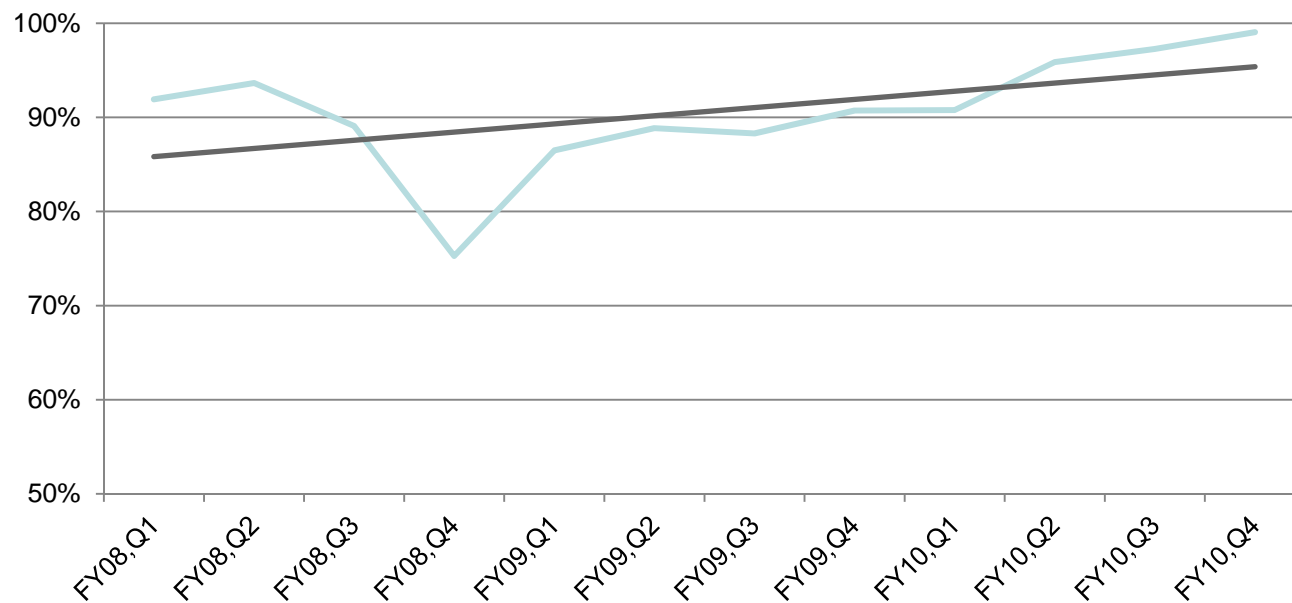
Source: ICE (average monthly responses > 75)



Impacting Per Member Per Month Access to Care



Acute Primary Care Visits % Met Access to Care Standards NHB FY08 thru FY10 (Source: MHS Insight)



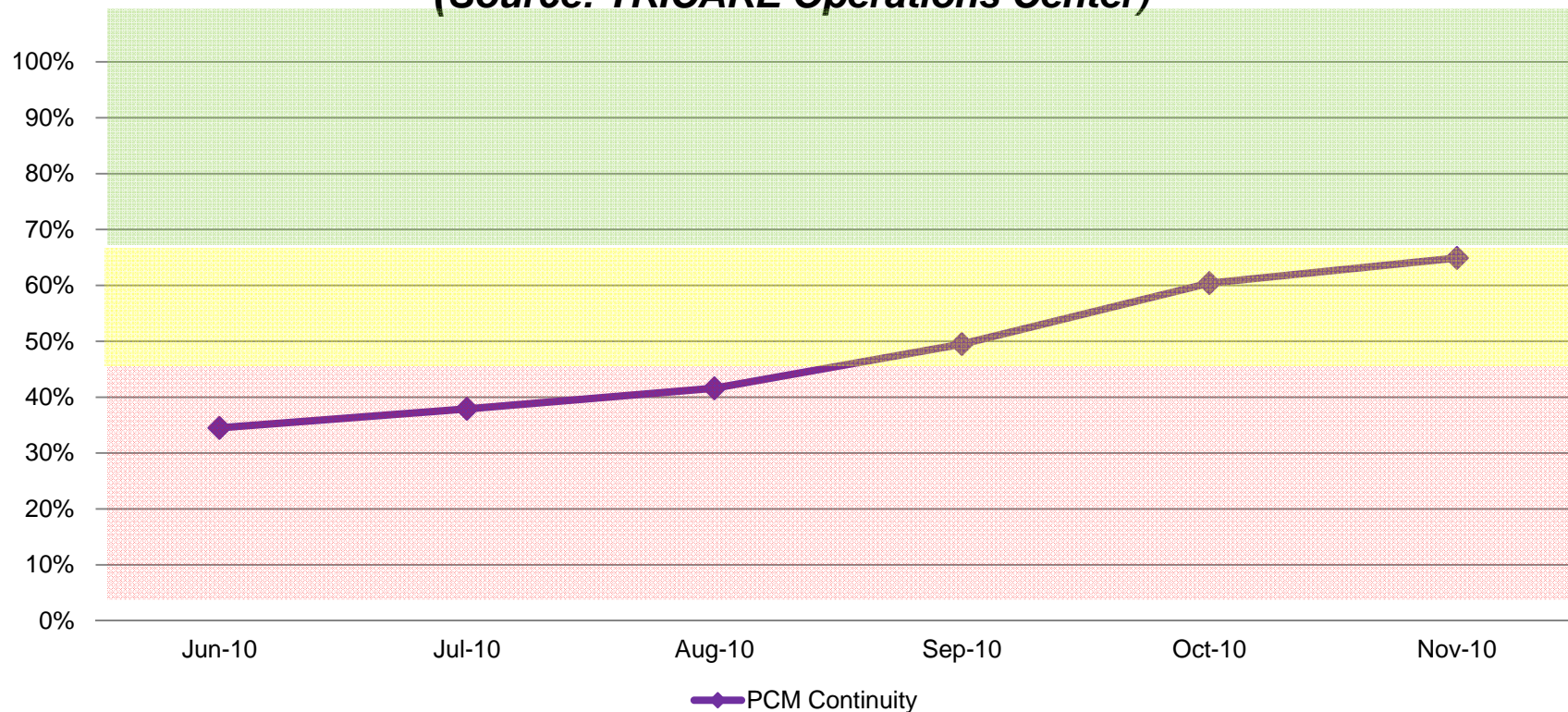
Impacting Per Member Per Month Patient Satisfaction



PCM Continuity NHB Family Medicine Clinic

June 10 – Nov 10

(Source: TRICARE Operations Center)



Impacting Per Member Per Month Conclusion



- Improving tenants of the Quadruple Aim will help minimize PMPM costs
 - Per Capital Cost
 - Emergency Room/Urgent care usage
 - Specialty care
 - Population Health
 - HEDIS metrics
 - Experience of Care
 - Access to care
 - Staff/patient satisfaction
 - Provider continuity

Impacting Per Member Per Month



Thank you!

Per Capita Cost: Quality versus Quantity



Focus on:

- Enrolling to capacity and capability
- Quality and access to care
- Continuous Process Improvement

Vice:

- Relative Value Units (RVUs)



Minimize:

- Primary Care usage
- ER/Urgent Care usage
- Hospitalizations



Decrease:

- PMPM cost

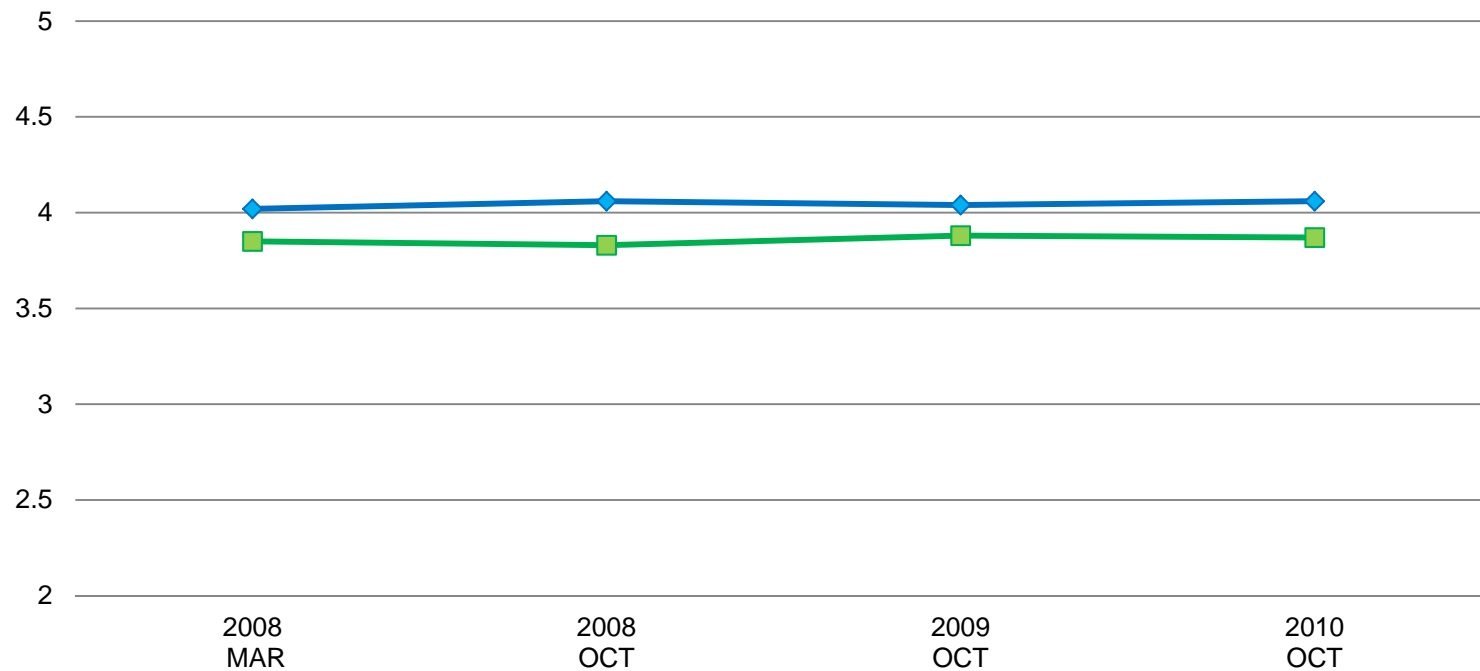
Impacting Per member Per Month Staff Morale



Job Satisfaction

Mar 08 – Oct 10

(Source: Defense Equal Opportunity Climate Survey)



Per Capita Cost

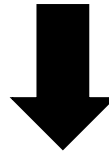


- Goal: max use of direct care system
- Requirements:
 - Enroll to capacity and capability
 - Good access to care
 - Strong referral and right of first refusal (ROFR) program
 - 2 Lean Six Sigma (LSS) projects enhanced referral process
 - Strong relationship between NHB, Triwest, and network providers

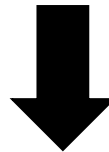
Experience of Care: Staff/Patient Satisfaction



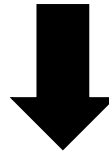
Satisfied MTF Staff



Satisfied MTF Patient



Max use of MTF



Decrease PMPM cost

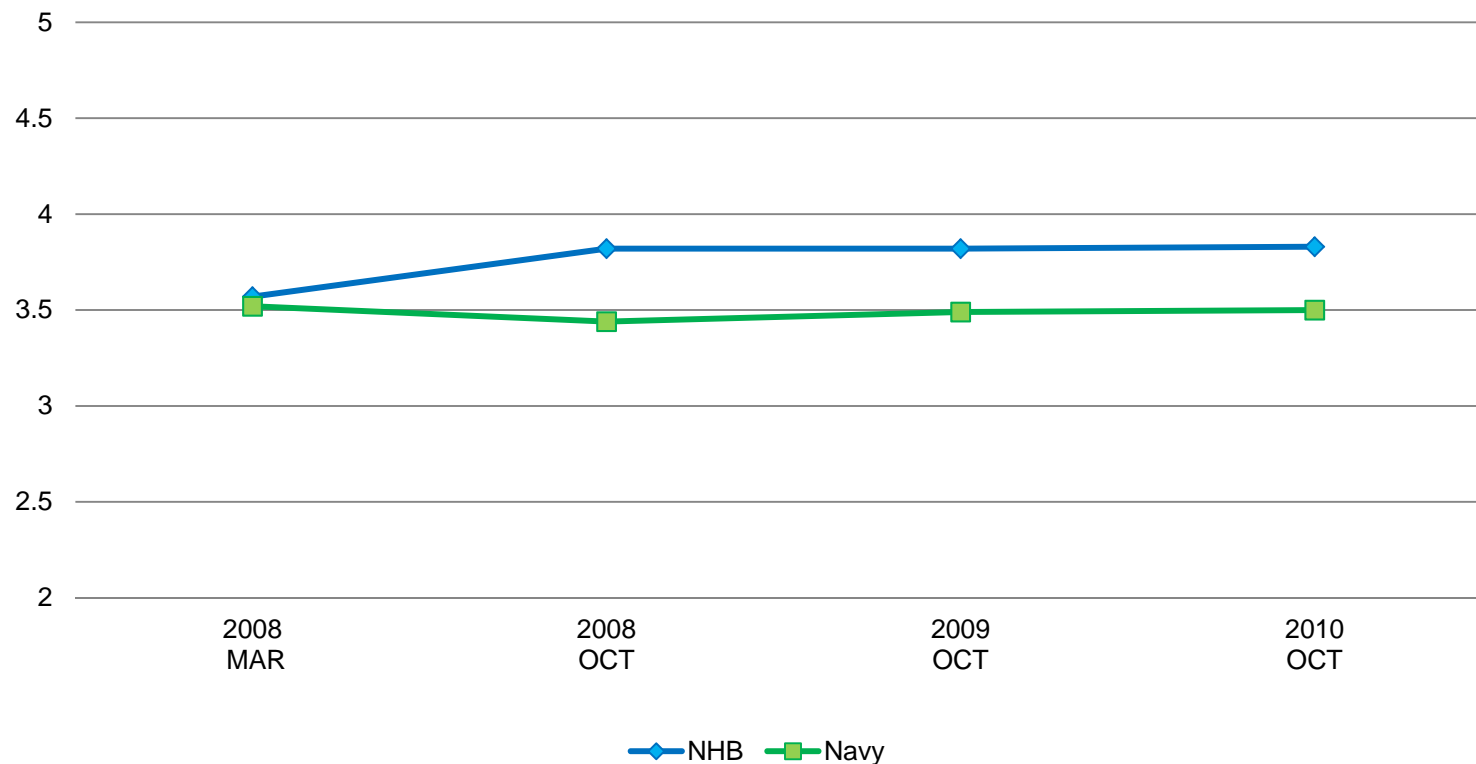
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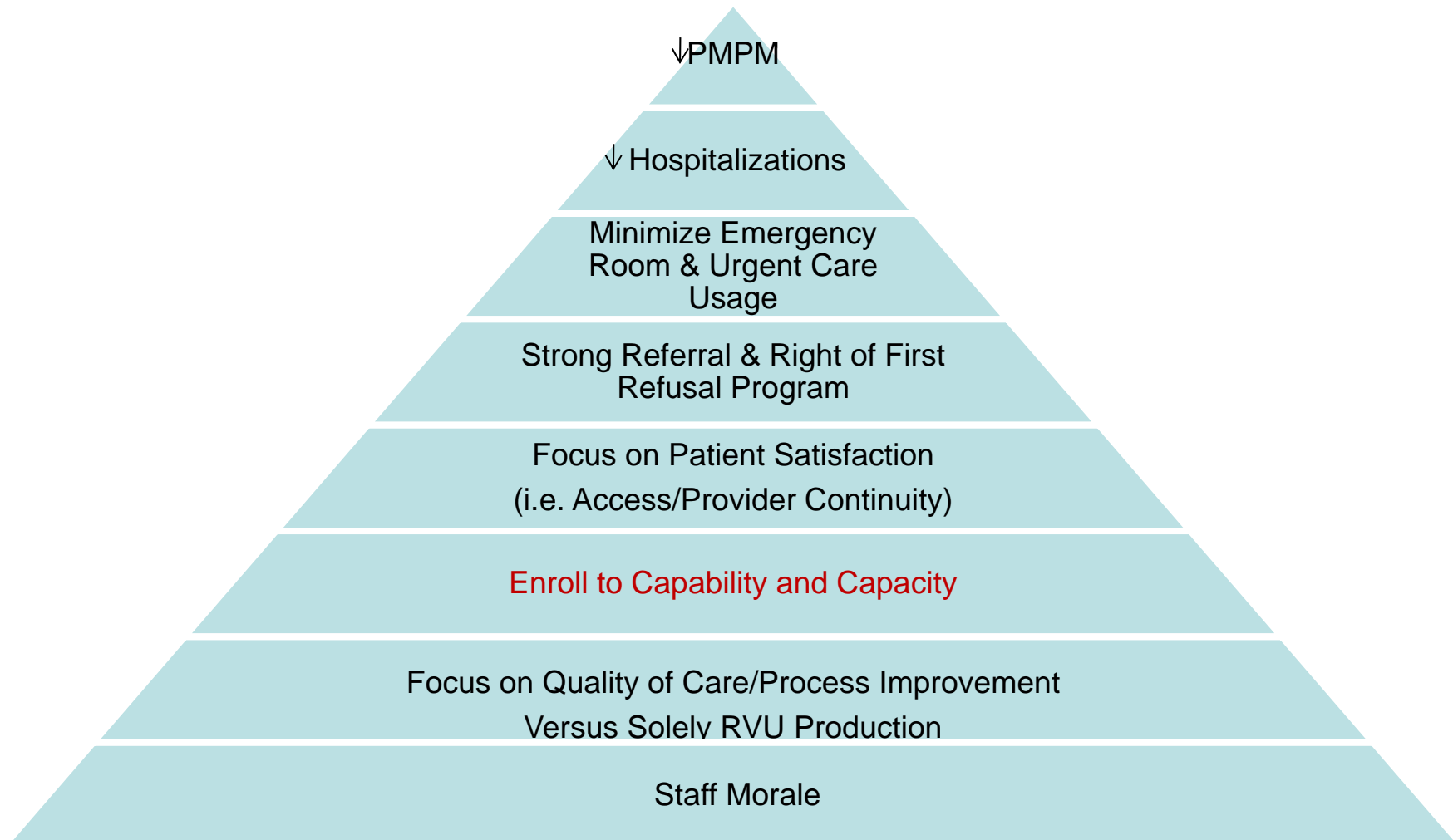
Leadership Cohesion

Mar 08 – Oct 10

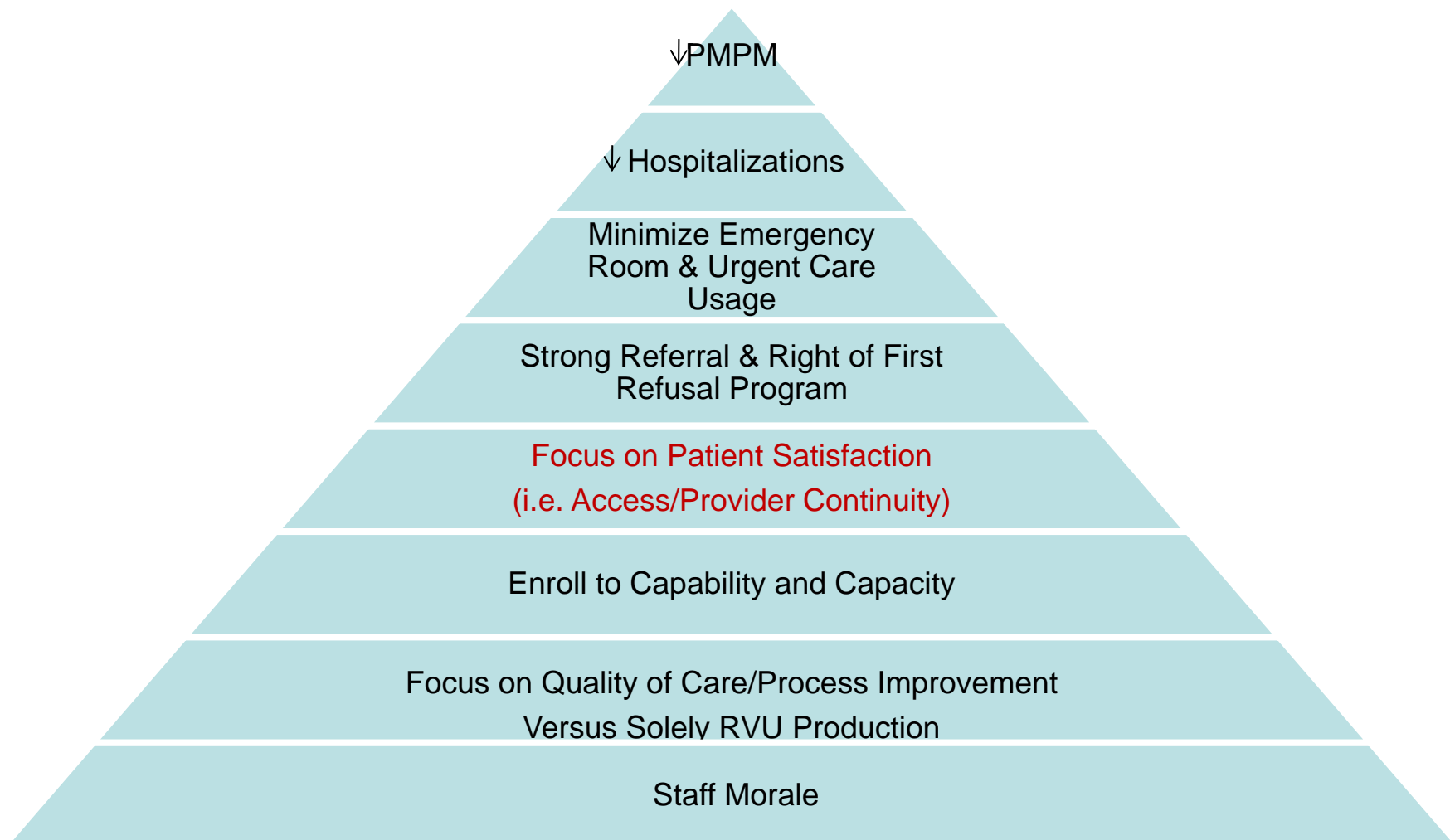
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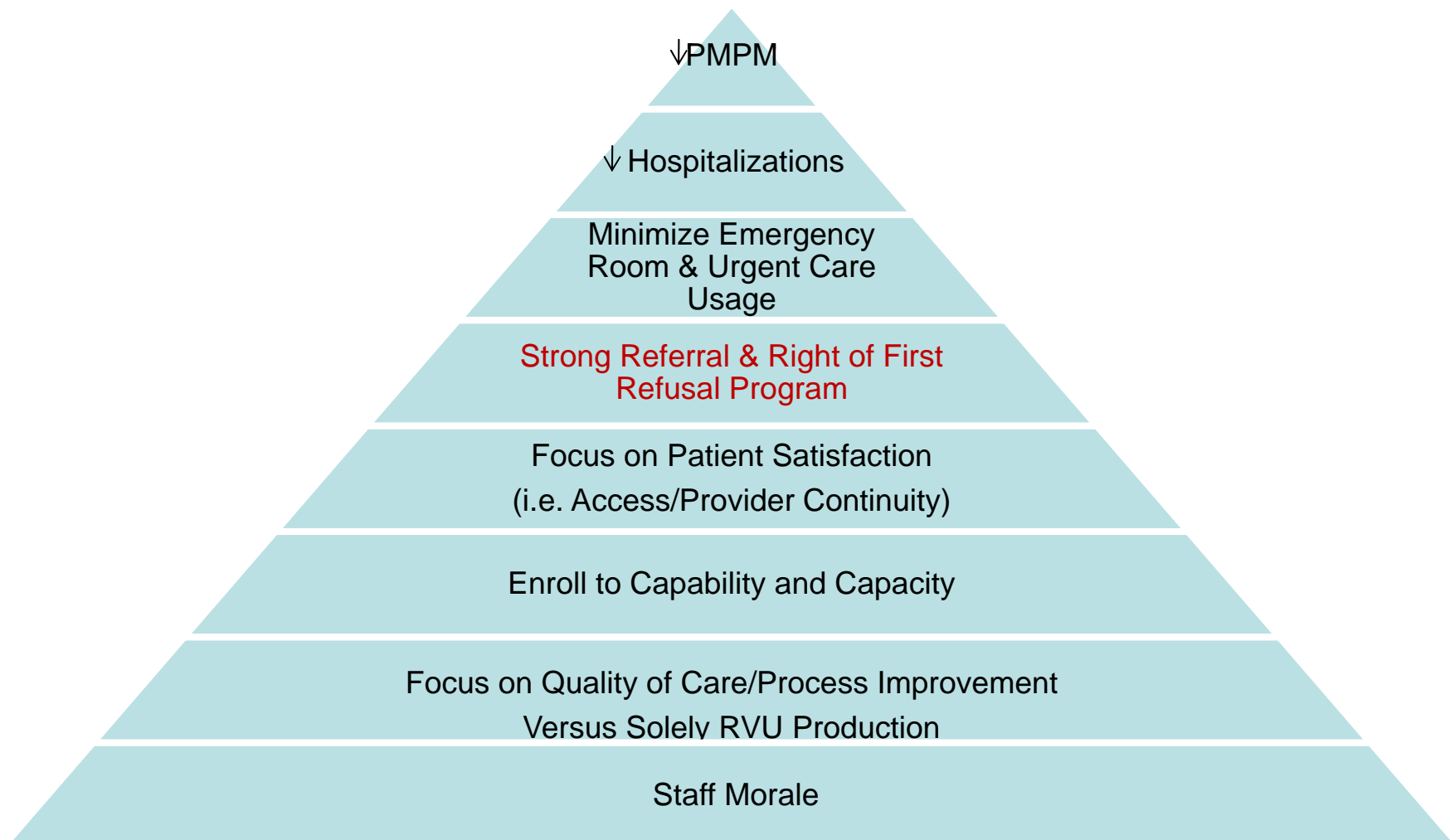
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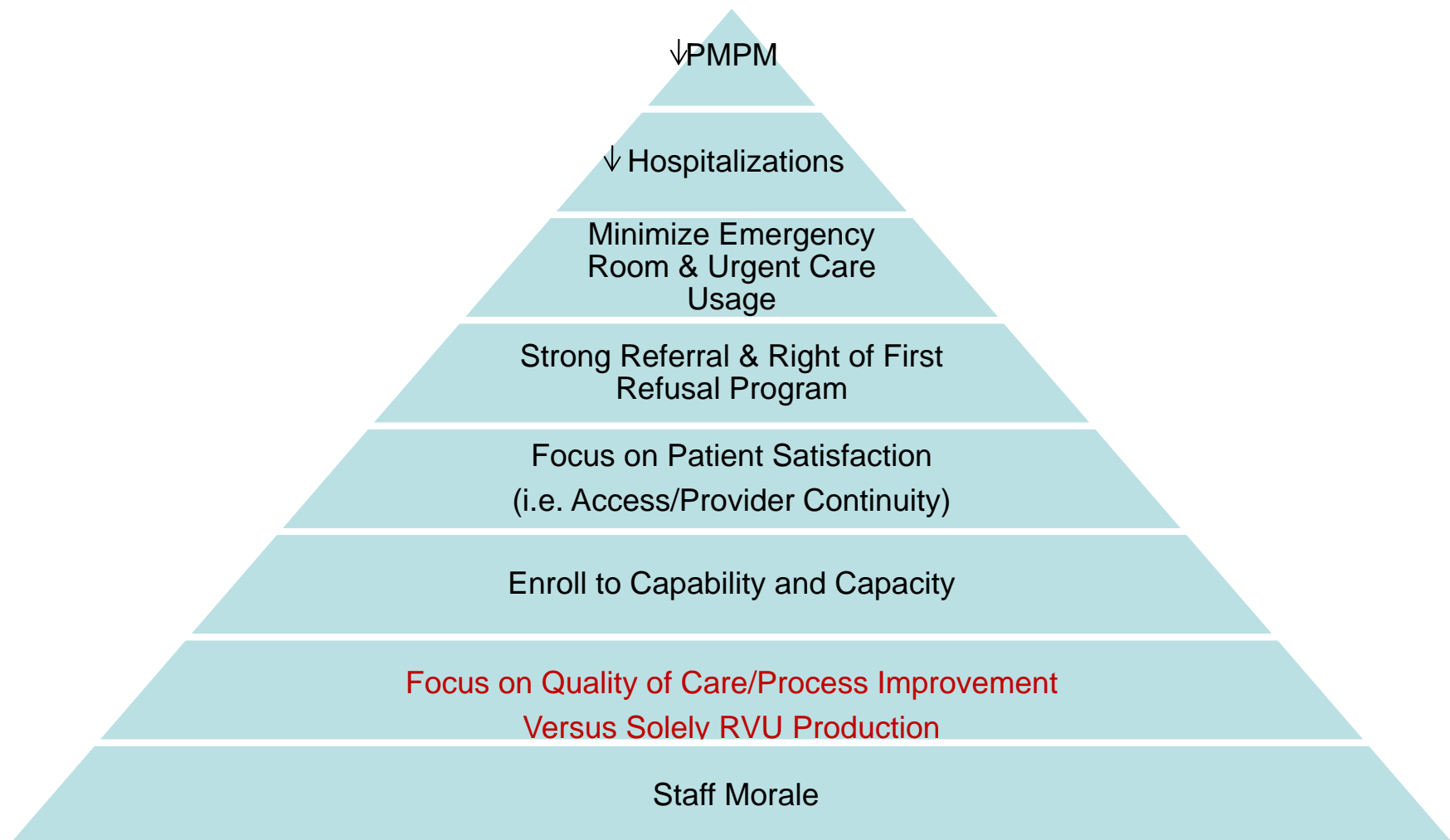
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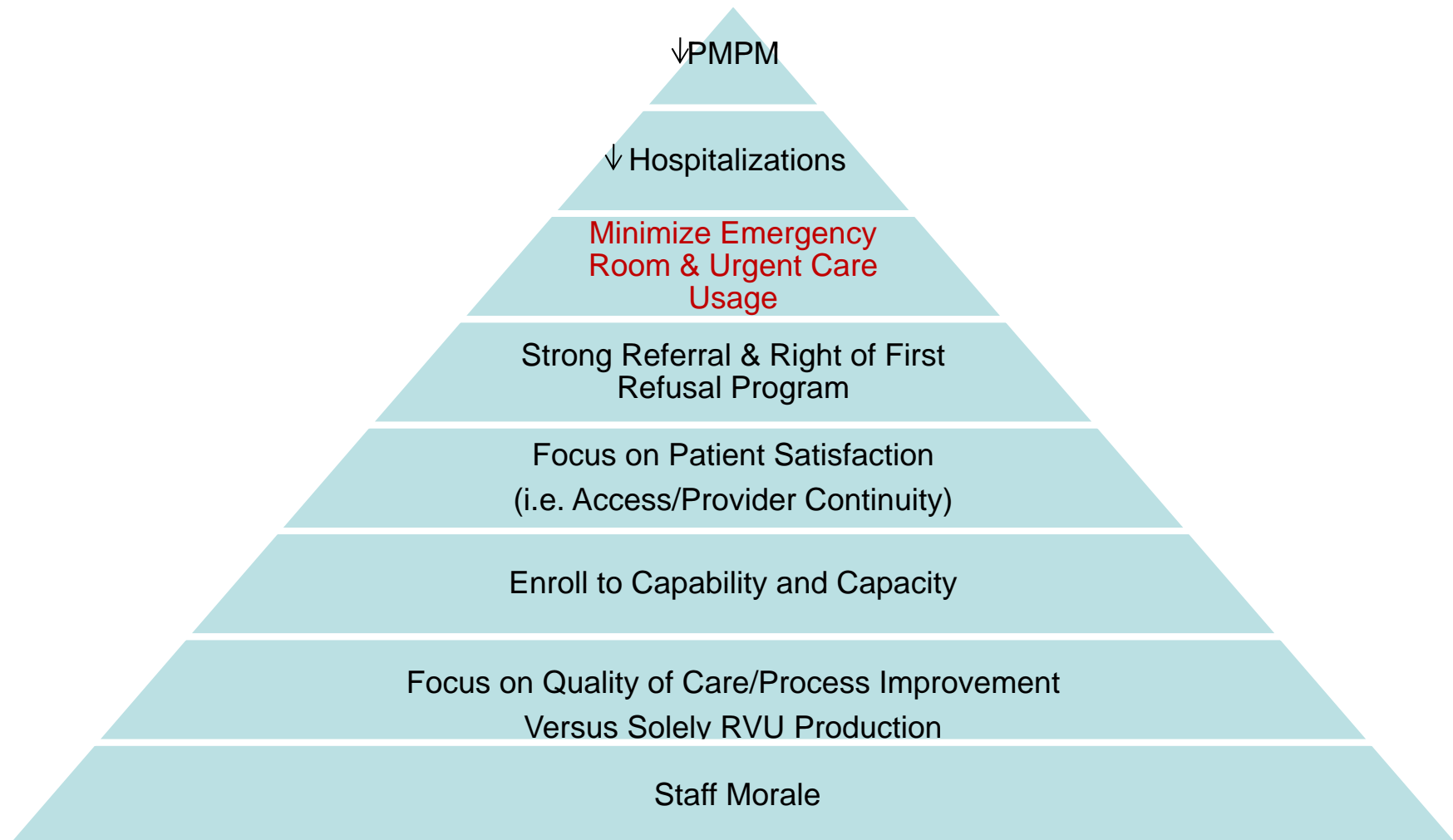
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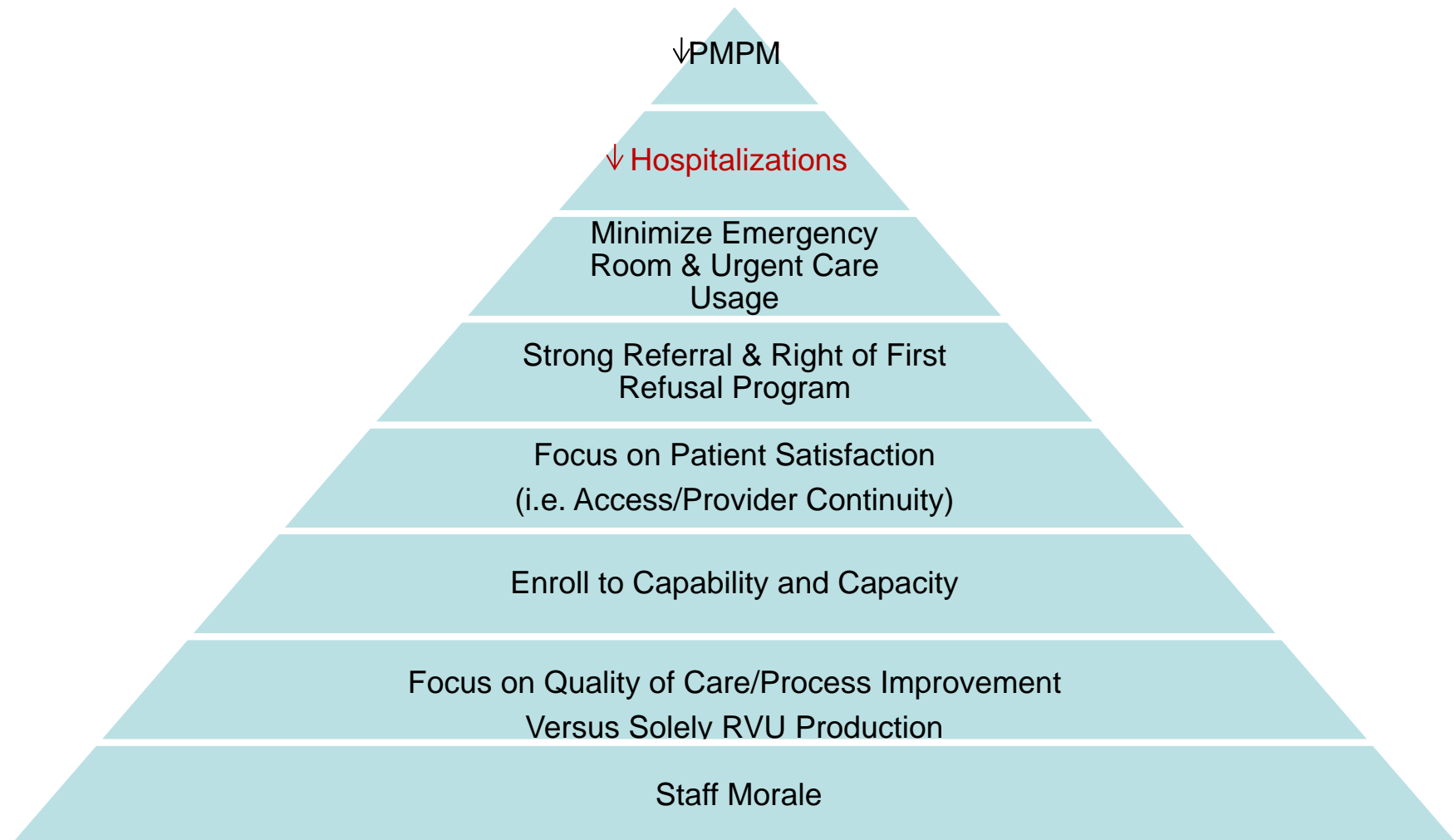
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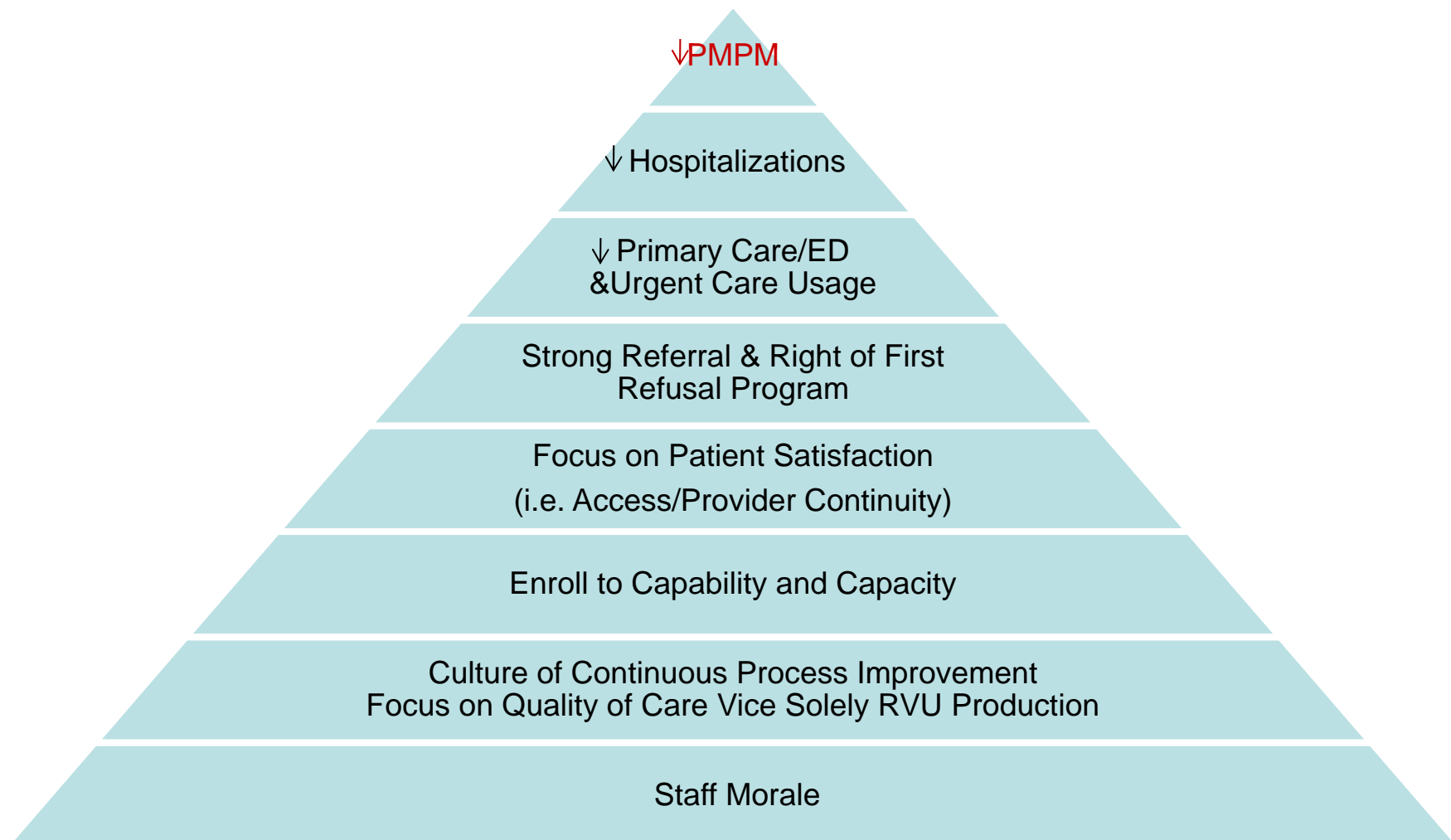
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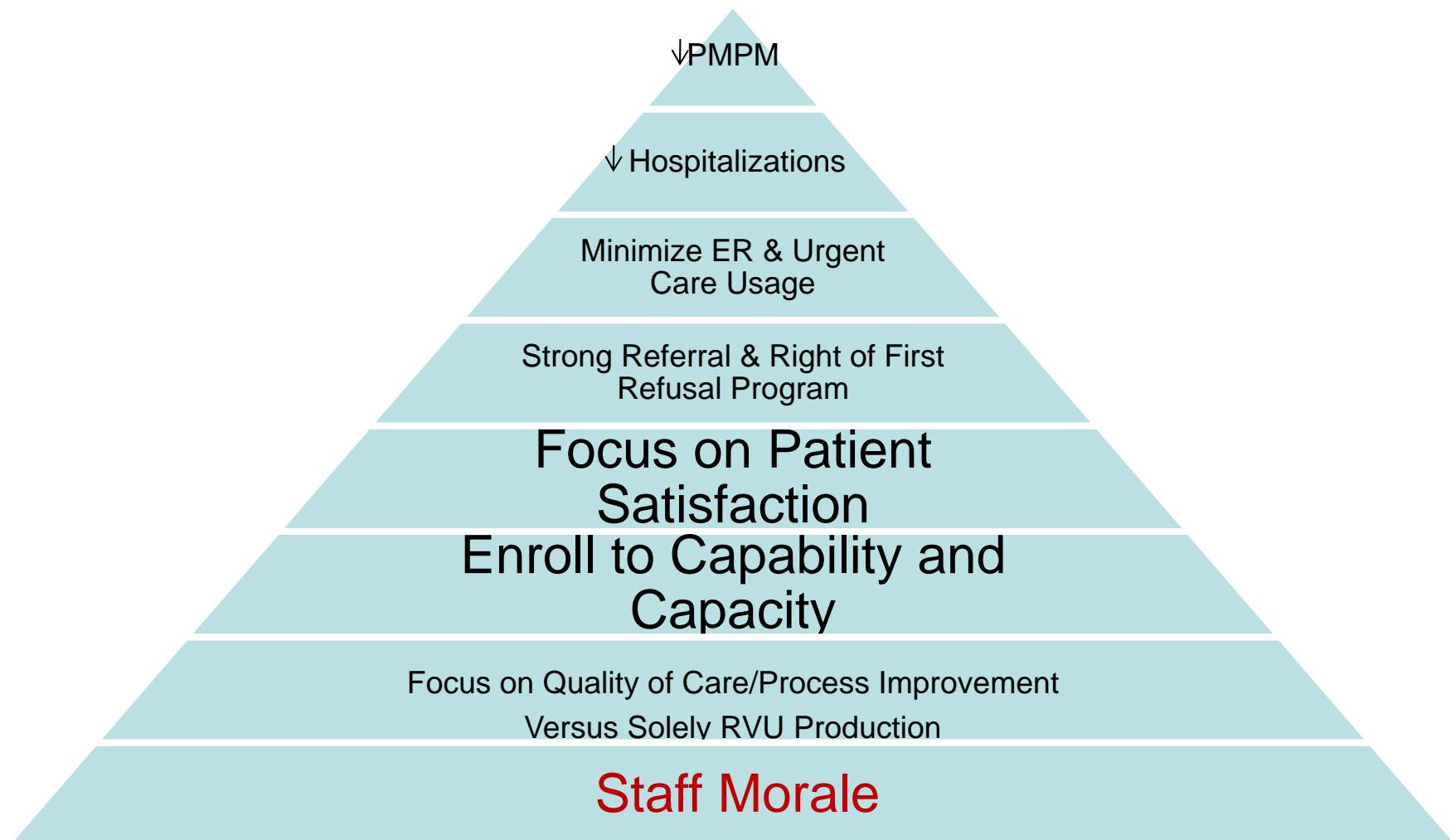
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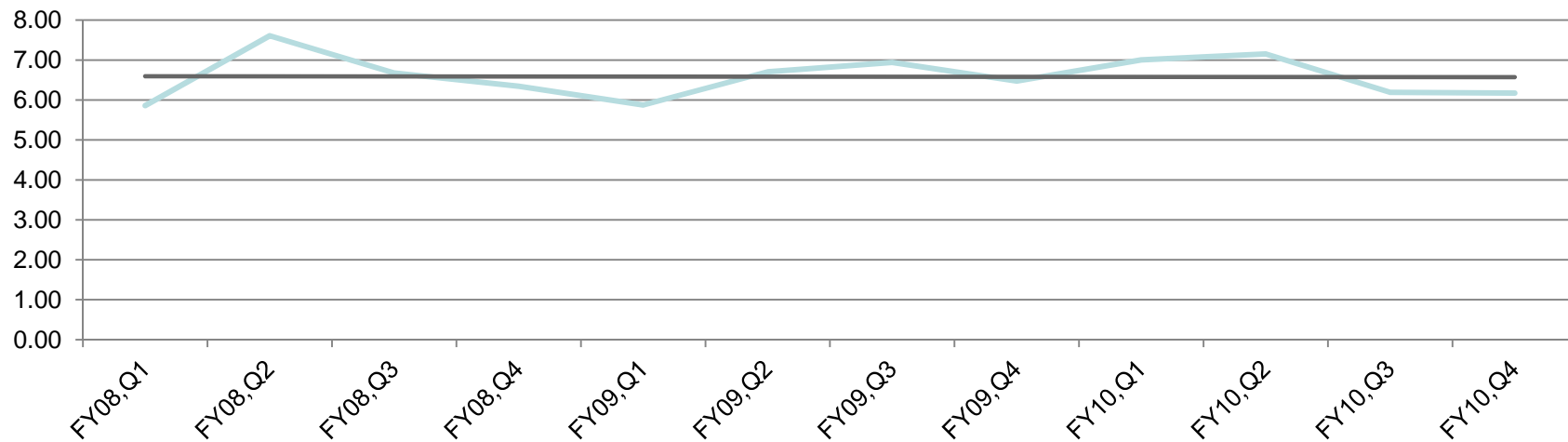
Impacting Per Member Per Month Key Ingredients



Impacting Per Member Per Month ER and Urgent care Usage



Monthly Average of ER Visits (NHB+Civilian) and Civilian Urgent Care Visits FY08 thru FY10 (per 100 Enrollees) (Source: M2 Data)



Quality of Care Lean Six Sigma



% Compliance with High Level Disinfection Process of Vaginal Ultrasound Probes NHB Dec 09 thru May 10

